

STATEMENT OF ECONOMIC INTERESTS



RECEIVED
COVER PAGE
FAIR POLITICAL
PRACTICES COMMISSION

RECEIVED

Date Received
Official Use Only

APR -2 2013

CITY OF DUARTE

Please type or print in ink.

NAME OF FILER

(LAST)

Reilly

(FIRST)

2013 APR -5 AM 11:36

(MIDDLE)

1. Office, Agency, or Court

Agency Name

Metro Gold Line Phase II Joint Powers Authority

Division, Board, Department, District, if applicable

Your Position

Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: City of Duarte

Position: City Council Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County Los Angeles, San Bernardino

☒ City of Duarte

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is / / through December 31, 2012.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is / / through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

Date Signed

4/1/2013

(month, day, year)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Liz Reilly
--

► NAME OF SOURCE (Not an Acronym)
Burrtec Waste Services

ADDRESS (Business Address Acceptable)
PO Box 1026, Duarte, CA 91009

BUSINESS ACTIVITY, IF ANY, OF SOURCE
waste management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/18/12	\$ 150.00	dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Liz Reilly</u>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
National Assoc. of Latino Elected Officials Edu. Fund

ADDRESS (Business Address Acceptable)
1122 W. Washington Bl

CITY AND STATE
Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
National Policy Institute on Healthy Communities

DATE(S): 02 / 24 / 12 - 02 / 26 / 12 AMT: \$ 778.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Improving the health of communities, addressing obesity and chronic disease as policy change

▶ NAME OF SOURCE (Not an Acronym)
National Assoc. of Latino Elected Officials Edu. Fund

ADDRESS (Business Address Acceptable)
1122 W. Washington Bl

CITY AND STATE
Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
National Policy Institute on Healthy Communities

DATE(S): 04 / 20 / 12 - 04 / 22 / 12 AMT: \$ 1,268.46
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Sustaining the Movement- strategies, governance skills, utilizing data, effective messaging for change

▶ NAME OF SOURCE (Not an Acronym)
National Assoc. of Latino Elected Officials Edu. Fund

ADDRESS (Business Address Acceptable)
1122 W. Washington Bl

CITY AND STATE
Los Angeles, CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
National Policy Institute on Emergency Preparedness

DATE(S): 07 / 20 / 12 - 07 / 22 / 12 AMT: \$ 1,310.30
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Pre disaster and post disaster planning, mitigation, regional collaboration, policy planning

▶ NAME OF SOURCE (Not an Acronym)
Yuexiu District, GuangZhou Municipality

ADDRESS (Business Address Acceptable)
14th, No.11, Zhongshan San Road

CITY AND STATE
Yuexiu District, GuangZhou, China, 510080

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
governmental

DATE(S): 11 / 16 / 12 - 11 / 22 / 12 AMT: \$ 2,717.83
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Discussed "sister city" procedures, education, health services, technology. Met with American Embassy.

Comments: _____